Pro Se 14 (Rev. 12/16) Complaint for Violation of Civil Rights (Prisoner)

(Write the full name of each defendant who is being sued. If the names of all the defendants cannot fit in the space above, please write "see attached" in the space and attach an additional page with the full list of names. Do not include addresses here.)

United States District Court

for the

District of

West Virginia Division

	Case No.	(to be filled in by the Clerk's Office)
MALIK WILLIAMS, PRO SE)	(to be filled in by the Clerk's Office)
Plaintiff(s) (Write the full name of each plaintiff who is filing this complaint: If the names of all the plaintiffs cannot fit in the space above, please write "see attached" in the space and attach an additional page with the full list of names.))))	
-V-)	
•)	
)	
)	
)	
Z.,)	
JASON WEAVER)	
Defendant(s))	

COMPLAINT FOR VIOLATION OF CIVIL RIGHTS

(Prisoner Complaint)

NOTICE

Federal Rules of Civil Procedure 5.2 addresses the privacy and security concerns resulting from public access to electronic court files. Under this rule, papers filed with the court should *not* contain: an individual's full social security number or full birth date; the full name of a person known to be a minor; or a complete financial account number. A filing may include *only*: the last four digits of a social security number; the year of an individual's birth; a minor's initials; and the last four digits of a financial account number.

Except as noted in this form, plaintiff need not send exhibits, affidavits, grievance or witness statements, or any other materials to the Clerk's Office with this complaint.

In order for your complaint to be filed, it must be accompanied by the filing fee or an application to proceed in forma pauperis.

 The Parties to This Complain 	[. 7	The F	Parties	to	This	Comp	olain
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A. The Plaintiff(s)

Provide the information below for each plaintiff named in the complaint. Attach additional pages if needed.

Name	MALIK WILLIAMS		
All other names by which			
you have been known:			
ID Number	FED.REG.NO.# 55348	-039	
Current Institution	FCI FORT DIX		
Address	P.O. BOX 2000		
	JOINT BASE MDL,	LN	08640
	Citv	State	Zip Code

B. The Defendant(s)

Provide the information below for each defendant named in the complaint, whether the defendant is an individual, a government agency, an organization, or a corporation. Make sure that the defendant(s) listed below are identical to those contained in the above caption. For an individual defendant, include the person's job or title (if known) and check whether you are bringing this complaint against them in their individual capacity or official capacity, or both. Attach additional pages if needed.

Defendant No. 1						
Name	JASON WEAVER	12.07.079				
Job or Title (if known)	PHSYCIATRIST REPRE	PHSYCIATRIST REPRESENTATIVE/HEAD DOCTOR				
Shield Number	NKNOMN					
Employer	FEDERAL BUREAU OF F	risons				
Address	FCI BECKLEY					
	BECKLEY	WVA 258	01			
	Citv	State	Zip Code			
	☐ Individual capacity	▼ Official capacity	/			
Defendant No. 2						
Name						
Job or Title (if known)	80 m 10 m					
Shield Number						
Employer		1.				
Address	(10 mm (1	3 2 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3				
. 144. 6 55						
	Citv	State	Zip Code			
	Individual capacity	Official capacity	Y			

Pro Se 14 (Rev. 12/16) Complaint for Violation of Civil Rights (Prisoner)

A control of the long.		Defendant No. 3 Name Job or Title (if known)						
		Shield Number						
		Employer						
		Address						
			City	State	Zip Code			
			Individual capacity	Official capacity	Zip Cout			
		Defendant No. 4	e e e					
		Name						
		Job or Title (if known)	AN					
		Shield Number						
		Employer	24,200					
		Address						
			City	State	Zip Code			
			☐ Individual capacity	Official capacity				
и.	Basis	for Jurisdiction						
	immuı <i>Feder</i>	42 U.S.C. § 1983, you may sue state nities secured by the Constitution and al Bureau of Narcotics, 403 U.S. 388 tutional rights.	[federal laws]." Under Bive	ens v. Six Unknown Na	med Agents of			
	A.	Are you bringing suit against (check	all that apply):					
		X Federal officials (a <i>Bivens</i> claim)						
		☐ State or local officials (a § 1983 claim)						
	В.	Section 1983 allows claims alleging the Constitution and [federal laws]. federal constitutional or statutory ri	" 42 U.S.C. § 1983. If you	are suing under section	n 1983, what			
		My 4th, 5th, 6th, 8th, and violated.	14th Amendment Cons	titutional Rights	have been			
	C.	Plaintiffs suing under <i>Bivens</i> may o are suing under <i>Bivens</i> , what constitution officials? 4th, 5th, 6th, 8th, 5th, 6th, 8th, 6th, 8th, 6th, 8th, 6th, 8th, 8th, 8th, 8th, 8th, 8th, 8th, 8	nly recover for the violation tutional right(s) do you clain h, and 14th Constitut	m is/are being violated	by federal			

	D.	Section 1983 allows defendants to be found liable only when they have acted "under color of any statute, ordinance, regulation, custom, or usage, of any State or Territory or the District of Columbia." 42 U.S.C. § 1983. If you are suing under section 1983, explain how each defendant acted under color of state or local law. If you are suing under <i>Bivens</i> , explain how each defendant acted under color of federal law. Attach additional pages if needed.
Π.	Priso	ner Status
	Indica	ate whether you are a prisoner or other confined person as follows (check all that apply):
		Pretrial detainee
		Civilly committed detainee
		Immigration detainee
		Convicted and sentenced state prisoner
	X	Convicted and sentenced federal prisoner
		Other (explain)
v.	Stater	nent of Claim
	State a allege further any ca	as briefly as possible the facts of your case. Describe how each defendant was personally involved in the d wrongful action, along with the dates and locations of all relevant events. You may wish to include r details such as the names of other persons involved in the events giving rise to your claims. Do not cite uses or statutes. If more than one claim is asserted, number each claim and write a short and plain tent of each claim in a separate paragraph. Attach additional pages if needed.
	A.	If the events giving rise to your claim arose outside an institution, describe where and when they arose
	B.	If the events giving rise to your claim arose in an institution, describe where and when they arose.
		On October around the beginning of the month I went to see Dr.J.Weaver from a response to a cop out to participate in a drug program and upon meeting with Dr.Weaver he requested me to pull out my penis to show him in order for me to be placed in to the drug residential program which I could receiv up to 1 year off of my sentence. This happend in 10/10/18.

Pro Se 14 (Rev.	12/16) Com	plaint for Violati	ion of Civil Rig	ghts (Prisoner)
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C. What date and approximate time did the events giving rise to your claim(s) occur?						ccur?								
	Ιt	was	some	time	around	the	beginning	of	October	in	the	year	of	2018.

D. What are the facts underlying your claim(s)? (For example: What happened to you? Who did what? Was anyone else involved? Who else saw what happened?) I was in Dr.Weaver's office were he sexually assaulted me and used his position to bribe me off entering a program wherea though I could receive up to 1 year off of my prison sentence.

V. Injuries

If you sustained injuries related to the events alleged above, describe your injuries and state what medical treatment, if any, you required and did or did not receive. I have sustianed mental injuries which are effecting the way that I live each day in prison, sleep and interact with other staff at which point I am paranoid to even talk to any prison official.

VI. Relief

State briefly what you want the court to do for you. Make no legal arguments. Do not cite any cases or statutes. If requesting money damages, include the amounts of any actual damages and/or punitive damages claimed for the acts alleged. Explain the basis for these claims. I have sought legal advice at expense of my own free will to help me resolve this attack, and I am suffering a irreparable harm that could last for my entire life by a government official which may occur even after my prison term whereas though I would have to continue to pay for treatment and therefore I am requesting 2.3 million dollars in punitive damages for a injury that is real and life threatening.

VII. Exhaustion of Administrative Remedies Administrative Procedures

The Prison Litigation Reform Act ("PLRA"), 42 U.S.C. § 1997e(a), requires that "[n]o action shall be brought with respect to prison conditions under section 1983 of this title, or any other Federal law, by a prisoner confined in any jail, prison, or other correctional facility until such administrative remedies as are available are exhausted."

Administrative remedies are also known as grievance procedures. Your case may be dismissed if you have not exhausted your administrative remedies.

	·
A.	Did your claim(s) arise while you were confined in a jail, prison, or other correctional facility?
	X Yes
	□ No
	If yes, name the jail, prison, or other correctional facility where you were confined at the time of the events giving rise to your claim(s).
В.	Does the jail, prison, or other correctional facility where your claim(s) arose have a grievance
	procedure?
	X Yes
	□ No
	☐ Do not know
C.	Does the grievance procedure at the jail, prison, or other correctional facility where your claim(s) arose cover some or all of your claims?
	X Yes
	□ No
	☐ Do not know
	If yes, which claim(s)?
	All of them.

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Pro Se 14 (Ke	v. 12/16) Comple	anni tor violatic	m of Civil Rights	(FIISOHCI)

D.	Did con	you file a grievance in the jail, prison, or other correctional facility where your claim(s) arose cerning the facts relating to this complaint?
		Yes
	X	No
	If n	o, did you file a grievance about the events described in this complaint at any other jail, prison, or er correctional facility?
	X	Yes
		No
E.	lf y	ou did file a grievance:
	1.	Where did you file the grievance?
		With the Bureau of Prisons Regional Director
		Angela Dunbar Federal Ruereau of Prisons
		302 Sentinal Dr. Suite 200
		Annapolis Junction, MD 20701
	2.	What did you claim in your grievance?
		That I was sexually harrased by a staff memeber who also tired to bribe me.
	3.	What was the result, if any?
		Nothing, Just notified that I would be okay.
	4.	What steps, if any, did you take to appeal that decision? Is the grievance process completed? If not, explain why not. (Describe all efforts to appeal to the highest level of the grievance process.)
		I did not follow the in house grievance because it would have been a conflict of interest and the staff there probably would have not done anything to help me so I file with the Region and told my family.

Pro Se 14 (Rev.	12/16) Complaint	for Violation of 0	Civil Rights (Prisoner)
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	F.	If you did not file a grievance:							
		1. If there are any reasons why you did not file a grievance, state them here:							
		I did not trust the officials who worked at the prison and felt embarrased and thought that they might of considered me a liar and do nothing about it, or place me in the shu which they did any way for 8 months.							
		 If you did not file a grievance but you did inform officials of your claim, state who you informed, when and how, and their response, if any: I informed the Regional Director Angela Dunbar in the month of October and there wasn't a response I was placed in the shu as a retilator behind 							
		my confession fro 8 months.							
	G.	Please set forth any additional information that is relevant to the exhaustion of your administrative remedies. I did a declaration that I wrote in blue ink by hand and mailed that the F.B.O.P. Regional Director Ms.Dunbar and to my family at home.							
		(Note: You may attach as exhibits to this complaint any documents related to the exhaustion of your administrative remedies.) See my Affidavit In Support Of Damages and Injury which is incorporated herein by reference and used as exhibit 2.							
VIII.	I. Previous Lawsuits								
	the filir brough malicic	aree strikes rule" bars a prisoner from bringing a civil action or an appeal in federal court without paying a fee if that prisoner has "on three or more prior occasions, while incarcerated or detained in any facility, an action or appeal in a court of the United States that was dismissed on the grounds that it is frivolous, ous, or fails to state a claim upon which relief may be granted, unless the prisoner is under imminent of serious physical injury." 28 U.S.C. § 1915(g).							
	To the best of your knowledge, have you had a case dismissed based on this "three strikes rule"?								
	☐ Yes								
	X No								
	If yes,	yes, state which court dismissed your case, when this occurred, and attach a copy of the order if possible.							

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	Γ	ion?
		Yes
	[X	No
3.	If y	your answer to A is yes, describe each lawsuit by answering questions 1 through 7 below. (If there is than one lawsuit, describe the additional lawsuits on another page, using the same format.)
	1.	Parties to the previous lawsuit N/A
		Plaintiff(s)
		Defendant(s)
	2.	Court (if federal court, name the district; if state court, name the county and State)
	3.	Docket or index number
	4.	Name of Judge assigned to your case
	5.	Approximate date of filing lawsuit
	6.	Is the case still pending?
		☐ Yes
		No No No
		If no, give the approximate date of disposition.
	7.	What was the result of the case? (For example: Was the case dismissed? Was judgment entered in your favor? Was the case appealed?)

	Yes				
	X No				
D.	your answer to C is yes, describe each lawsuit by answering questions 1 through 7 below. (If there is one than one lawsuit, describe the additional lawsuits on another page, using the same format.)				
	1. Parties to the previous lawsuit				
	Plaintiff(s)				
	Defendant(s)				
	2. Court (if federal court, name the district; if state court, name the county and State)				
	3. Docket or index number				
	4. Name of Judge assigned to your case				
	5. Approximate date of filing lawsuit				
	6. Is the case still pending?				
	Yes				
	□No				
	If no, give the approximate date of disposition				
	7. What was the result of the case? (For example: Was the case dismissed? Was judgment entered in your favor? Was the case appealed?)				

IX. Certification and Closing

Under Federal Rule of Civil Procedure 11, by signing below, I certify to the best of my knowledge, information, and belief that this complaint: (1) is not being presented for an improper purpose, such as to harass, cause unnecessary delay, or needlessly increase the cost of litigation; (2) is supported by existing law or by a nonfrivolous argument for extending, modifying, or reversing existing law; (3) the factual contentions have evidentiary support or, if specifically so identified, will likely have evidentiary support after a reasonable opportunity for further investigation or discovery; and (4) the complaint otherwise complies with the requirements of Rule 11.

A. For Parties Without an Attorney

Date of signing:

В.

I agree to provide the Clerk's Office with any changes to my address where case—related papers may be served. I understand that my failure to keep a current address on file with the Clerk's Office may result in the dismissal of my case.

July 22, 2019

Signature of Plaintiff	MALIK WILLIAMS / Mall) Willeams				
Printed Name of Plaintiff	MACIA WILLIAMS 55348-039 FCI FORT DIX P.O. BOX 2000				
Prison Identification #					
Prison Address					
	JOINT BASE MDL City	NJ State	08640 Zip Code		
For Attorneys					
Date of signing:	4 22 2019				
Signature of Attorney	MALIK WILLIAMS PRO SE	2 Malk	Willen		
Printed Name of Attorney	MACTE WILLAM	S PROSE			
Bar Number					
Name of Law Firm					
Address					
	City	State	Zip Code		
Telephone Number					

AFFIDAVIT IN SUPPORT OF CLAIM FOR DAMAGE AND INJURY

A matter must be expressed for being resolved. In commerce, truth is sovereign. Truth is expressed in the form of an affidavit. An affidavit not rebutted stands as truth in commerce. An affidavit not rebutted after thrity (30) days, become the judgment in commerce. A truth affidavit, under commercial law, can only be satisfied by truth affidavit rebuttal, by payment, by agreement, by resolution or by common law rule jury.

- I, Malik Williams, being first duly sworn, depose affirm and say on the record;
- 1.) That I, the affiant suffered sexual harrassment from Dr.J.Weaver on or around October 10, 2018 within the confines of the Federal Correctional Institution, Beckley in West Virginia.
- 2.) That I visited Dr.J.Weaver at his office at the institution where I was asked if I wanted to get time off of my sentence and be placed in the program that could provide me with that assistance.
- 3.) That Dr.J. Weaver stated to me that he was putting me in for that program to receive time off and then asked me what was I willing to do for it?
- 4.) I replied whatever it takes.
- 5.) Dr.J.Weaver then requested that I pull out my penis and show and provide other sexual favors for him.
- 6.) That I was in shock, felt frieghtend and did not respond but immediately left out of his office.
- 7.) That upon leaving Dr.J.Weaver's office I immediately e-mailed my family and notified them of this sexual attack that took place against me.
- 8.) That after my family received my e-mail that they took immediate action and contacted the Assistant Regional Director Ms.Angela Dunbar.
- 9.) That I was contacted by staff would informed me to never bring up the fact that Dr.Weaver told me to pull out my penis cause he bribed me with the year off.
- 10.) I was scared for my life and kept quite but still contacted my family through mail and other means of communication to let them know what was happening to me behind all of this.
- 11.) That I never receive any response from my family nor was my mail sent out or returned back to me.
- 12.) That from that point I have been afraid of what the guards might try to do to me if I were to expose this information and have been suffering from lack of sleep and paranoia.
- 13.) I was retaliated against by the FCI Beckley staff who placed me in the disciplinary housing unit for 8 months then transferred me to FCI Fort Dix where I am presently residing.
- 14.) That I did infact start my administrative remedy process which have been stultified, by in house authorities so I wrote directly to the region and contacted Kristen Keller who told me that she would handle the situation. I have heard nothing since then. I did not want to do the BP-8, BP-9 because they are all filed within the confines of the institution and there are probably other victims who have been silenced behind such filings this is why I filed directly to the region.

- 15.) That in my relief I am requesting punitive damages in the amount of 2.3 million for suffering a irreparable harm which is mental challenging and lack of sleep and paranoia and no treatment by staff who also played apart in protecting this sexual harrassment attack by one of their staff members.
- 16.) That all of the above mentioned attestations are made in good faith and are true, correct, and not ment to mislead so help me god.
- 17.) The Warden, the FBOP, Dr.J.Weaver, and the FCI Beckley Staff are to rebutt line for line and point for point each and every attestation made herein or else these claims shall stand as proof of claim as well as truth in any court of law now or in the future.
- 18.) After the receipt of this affidavit in support of claim for damage and injury is received by the appropriate official responsible for the misconduct of the above mentioned individual, then they have only 15 days to cure or else this affidavit shall stand as proof of claim and truth in any court of law as a default and the above affiant shall use this affidavit for default judgment against the above metioned respondent(s) in any court of law to collect for injuries and damages which he encured that are real.
- 19.) Affiant hereby demands that,
 - a) he receive proffessional medical treatment for his mental assault;
 - b) that he be compensated for the injuries and damages he encumbered which are infact physical and real and are affective mentally challenging whereas sleep is hardly begotten as well as trust and paranoia which can become a permenant life time effect on his mental.
 - c) violation of his 4th, 5th, 6th, 8th, and 14th Amendment U.S. Constitutional Rights for unconstitutional injuries and damages associated with the actions stated above by Dr.J.Weaver be compensated in a

Sum Certain amount of \$2.3 million (TBD-not to exceed \$500,000,000.00) by The Federal Bureau of Prisons, Warden, Phsycology Department, Dr.J.Weaver and the FCI Beckly Staff at FCI Beckley, WVA 25801.

Witness my hand and seal done on this 22 day of July, 2019.

Further Affiant Saith Not.

cc: WARDEN, Dr.J.Weaver, Phsycology Dept., F.B.O.P. Representatives, and The FCI Beckley located at FCI Beckly, WVA 25801.

Respectfully submitted,

MAUIK WILLIAMS, ACTING PRO SE

FED.REG.NO.# 55348-039

UNIT 5711

FEDERAL CORRECTIONAL INSTITUTION

FORT DIX

P.O. BOX 2000

JOINT BASE MDL, NJ 08640

Case 5:19-cv-00629 Document 1 Filed 08/30/19 Page 14 of 14 PageID #: 14 CERTIFICATE OF SERVICE

I, MALIK WILLIAMS, acting Pro se litigant in accordance with 28 U.S.C. § 1746 under the pains and penalty of perjury without the United States hereby certify that I served this Affidavit In Support of Claim For Damage and Injury to the Federal Bureau of Prisons, 302 Sentinel Dr., Suite 200, Annapolis Junction, MD 20701 and the Torts Branch Civil Division, U.S. Department of Justice, Washington, D.C. 20530 by United States Postal certified mailing service on this 22 day of July 2019.

cc: WARDEN, Dr.J.Weaver, Phsycology Dept., F.B.O.P. Representatives, and The FCI Beckley Staff located at FCI Beckley, WVA 25801.

Respectfully submitted,

MALIK WILLIAMS, ACTING PRO SE

FED. REG. NO. #55348-039

UNIT 5711

FEDERAL CORRECTIONAL INSTITUTION

FORT DIX

P.O. BOX 2000

JOINT BASE MDL, NJ 08640